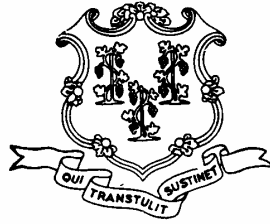


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 LIQUOR CONTROL DIVISION
 Telephone: (860) 713-6200
 Email: liquor.control@ct.gov
 Website: www.ct.gov/dcp



For Official Use Only

Application for Out-of-State Shipper's Permit

INSTRUCTIONS:

All spaces must be completed - please print in ink or type. A check or money order for the appropriate fee must accompany this application made payable to "Treasurer, State of Connecticut."

Please check (✓) the permit type you are applying for: ☐ Alcoholic Liquor ☐ Beer Only ☐ Wine Only
 (Only Wineries May Apply)

Applicant

Name of Shipper Permittee (First Name, Middle Initial, Last Name)			
Street Address		City	State
Zip Code			
Telephone Number (w/ area code)	Date of Birth / /	Social Security Number	Email Address
Have you, or any member of your family, either as permittee or backer ever been refused a permit or had a permit revoked by the Liquor Control Division? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach name(s) and date(s) on a separate sheet of paper.			

Jurat for Applicant

I affirm, under penalty of false statement, that my statements and answers to all questions in this application are true and complete.	
Signature of Applicant (Permittee)	Date
Subscribed and sworn to before me, this _____ day of _____ 20_____	
Notary Seal	
Signed: (Commissioner of Superior Court/Notary Public/Justice of the Peace	My Commission Expires

Backer

Name of Backer (The legal entity that owns the business)			
Business Street Address		City	State
Zip Code			
Telephone Number (w/ area code)	FEIN or Social Security Number	Email Address	
Indicate Organizational Structure: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Partnership			
If a corporation, please indicate date of incorporation and state where incorporated. If not a Connecticut corporation, please indicate the date of authorization to conduct business in the State of Connecticut.			
Have you or any of your employees or agents loaned any money or extended any credit in any form for a period in excess of thirty (30) days, directly or indirectly, to any person, firm or organization holding a permit for the sale of alcoholic liquor in the State of Connecticut? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach on a separate sheet of paper, the names of permittees and the amounts of credit given.			
Have you, or any member of your family, either as permittee or backer ever been refused a permit or had a permit revoked by the Liquor Control Division? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach name(s) and date(s) on a separate sheet of paper.			

For Corporation, LLC, LLP or Partnership (Attach additional sheet if necessary)

List the names, titles and signatures of all persons associated in the ownership.

Name	Title	Signature
Name	Title	Signature
Name	Title	Signature
Name	Title	Signature

Jurat for Backer (Individual)

<i>I affirm, under penalty of false statement, that my statements and answers to all questions in this application are true and complete.</i>	
_____ Signature of Backer (Individual)	_____ Date
<i>Subscribed and sworn to before me, this _____ day of _____ 20_____ Notary Seal</i>	
_____ Signed: (Commissioner of Superior Court/Notary Public/Justice of the Peace	_____ My Commission Expires

Jurat for Backer (For a Corporation, LLC, LLP and Partnership)

FOR CORPORATION, LLC OR LLP Signature of duly authorized officer with title; For PARTNERSHIP, signature of partners

<i>I affirm, under penalty of false statement, that my statements and answers to all questions in this application are true and complete.</i>			
_____ Signature of Backer & Title	_____ Date	_____ Signature of Backer & Title	_____ Date
<i>Subscribed and sworn to before me, this _____ day of _____ 20_____ Notary Seal</i>			
_____ Signed: (Commissioner of Superior Court/Notary Public/Justice of the Peace		_____ My Commission Expires	

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Please refer to the “Instructions for Completing the Application for Out-of-State Shipper’s Permit”

⇒ Return the completed application, appropriate documentation and fee to:

 **License Services Division**
Department of Consumer Protection
165 Capitol Avenue
Hartford, CT 06106